

| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br>FY 2006<br>(Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).)  |                        | Docket Number (Optional)<br>01218/100N074-US1 |                   |  |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
|--|------------------------|---|-------------------|--|-----|------------------|--|---|-------|------|-----------|---|-------|-------|----------|---|--------|-------|----------|--|--------|-------|----------|--|--------|--------|----------|
| Application Number   | 10/533,386-Conf. #5179 | Filed   | November 21, 2005 |  |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| For <b>REINFORCEMENT OF TUBULAR STRUCTURES</b>   |                        |   |                   |  |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| Art Unit   | 3673                   | Examiner                                      | F. L. Lagman      |  |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.   |                        |   |                   |  |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  |                        |   |                   |  |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <table> <thead> <tr> <th></th> <th>Fee</th> <th>Small Entity Fee</th> <th></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$120</td> <td>\$60</td> <td>\$ 120.00</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$450</td> <td>\$225</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$1020</td> <td>\$510</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$1590</td> <td>\$795</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$2160</td> <td>\$1080</td> <td>\$ _____</td> </tr> </tbody> </table> |                        |   |                   |  | Fee | Small Entity Fee |  | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ 120.00 | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ _____ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ _____ |
|  | Fee                    | Small Entity Fee                              |                   |  |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120                  | \$60  | \$ 120.00         |  |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$450                  | \$225   | \$ _____          |  |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1020                 | \$510   | \$ _____          |  |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1590                 | \$795   | \$ _____          |  |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2160                 | \$1080  | \$ _____          |  |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-0100</u>. I have enclosed a duplicate copy of this sheet.</p>   |                        |   |                   |  |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>35,418</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br/>Registration number if acting under 37 CFR 1.34 _____.</p>   |                        |   |                   |  |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <br><u>Pierre R. Yanney</u><br>Typed or printed name  |                        | <u>February 12, 2007</u><br>Date              |                   |  |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
|  |                        | <u>(212) 527-7769</u><br>Telephone Number     |                   |  |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.  |                        |   |                   |  |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.  |                        |   |                   |  |     |                  |  |   |       |      |           |   |       |       |          |   |        |       |          |  |        |       |          |  |        |        |          |